



**(PTO ASSISTANCE)**

Application : 09/925,826 Examiner : Leubcker GAU : 3739  
From: GAB Location: IDC FMF FDC Date: 2/11/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Please provide issuing classification form and a index of claims

Thank You

[XRUSH] RESPONSE: \_\_\_\_\_

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**INITIALS:**

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04